

~~Alain~~ Alain ~~Pl~~ Placio

2/5/2016

demand occupant levels
exiting widths
exit paths

- * Chapter 10 bldg code
means of egress.
Chapter 11B commercial handicap
no gap greater than 1/2 inch on path of
travel

needs planning approval
all exterior changes need discretionary
approval

restaurant patrons can exit to north
2 exits opposite are sufficient

Bldg construction specs
exit diagram
ADA compliant path of travel
structural calculations

- permit application worksheet
10% total project cost

planning doesn't have preview over exits.
more design issue

Case#

1301154

Ed Labayog
author

why now?

sequence

Jose Herrera - Planning 510-238-3808
Scott Miller - Zoning 510.
Neil Gray - Planning who I met with
was supervisor

they took a tour

been waiting for BDC
holding onto it until Scott's ~~last~~
proposal had everyone's support.
* gave me design review justification

* city is about to approve 4.6.15
plans.
call Scott Miller re planters & revised PA.
creek protection & design review
pt pt.

2 Pts.
through
Planning
in one
action

All part of Scott's Project
~~PA~~ P.A. in Franklin Plaza
Yes, Design Review, ~~Exemption~~
Possible

~~or JLS Master Permit~~
~~Katherine Payne - Planner 4~~

CITY OF OAKLAND
PLANNING & BUILDING DEPARTMENT



JOSÉ M. HERRERA-PREZA
PLANNER I
BUREAU OF PLANNING

(510) 238-3808
FAX 238-4730
TDD 238-3254

email: jherrera@oaklandnet.com

250 FRANK H. OGAWA PLAZA, SUITE 2114, OAKLAND, CA 94612



SCOTT MILLER
ZONING MANAGER
PLANNING AND ZONING DIVISION

COMMUNITY & ECONOMIC
DEVELOPMENT AGENCY



SCOTT MILLER
ZONING MANAGER
PLANNING AND ZONING DIVISION

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CITY OF OAKLAND
COMMUNITY & ECONOMIC
DEVELOPMENT AGENCY



ALAIN G. PLACIDO, S.E.
CIVIL ENGINEER
BUILDING SERVICES DIVISION

(510) 238-7110
FAX 238-6445
TDD 238-3254

e-mail: agplacido@oaklandnet.com

250 FRANK H. OGAWA PLAZA, SUITE 2340, OAKLAND, CA 94612



CITY OF OAKLAND
PLANNING AND BUILDING DEPARTMENT



EDWARD J. LABAYOG
SENIOR SPECIALTY / COMBINATION INSPECTOR
BUREAU OF BUILDING
INSPECTIONS & CODE ENFORCEMENT
SERVICES DIVISION

(510) 238-4793
FAX 238-2959
TDD 238-3254

email: elabayog@oaklandnet.com

OFFICE HOURS:
8:00 AM – 9:00 AM

250 FRANK H. OGAWA PLAZA, SUITE 2340, OAKLAND, CA 94612



Still need
bldg pts.

Record ID: PLN14175

Menu

Reports

Help

File Date: 05/30/2014Application Status: AcceptedApplication Detail: DetailApplication Type: Development Permit

discretionary permit

Address: 2 BROADWAYOwner Name: CITY OF OAKLANDOwner Address: 505 14TH ST, 609, OAKLAND, CA 946121406Application Name: Scott's Proposed public/private wall systemParcel No: 018 041500500Description of Work: Scott's of Oakland proposal to install a permanent wall system around a public waterfront space for

Contact Info:	Name	Organization Name	Contact Type	Rel
	<u>Steve Hanson</u>		Applicant	

Job Value: \$0.00Total Fee Assessed: \$2,906.13Total Fee Invoiced: \$2,906.13Balance: \$0.00

Workflow Status:	Task	Assigned To	Status	Status D
	<u>Application Intake</u>		Accepted for...	05/30/20
	<u>Assignment</u>	Jose Herrera	Assigned	06/05/20
	<u>CEQA Determination</u>		Exempt	06/05/20
	<u>Completeness Review</u>			
	<u>Zoning Review</u>			
	<u>Closure</u>			

Condition Status:	Name	Short Comments	Status	Ap
	<u>PARCEL COMMENT</u>	consistent with Mast...	Complied	01/

No record(s) updated by expression.

Custom Fields: **PLN_DEV_PER**

FEE CALCULATION INFORMATION

Preliminary CEQA Deposit

Exempt-Basic

Federally Funded

New Construction

Shared Access Facility

Public Access Easement

Alcohol Sales With a CUP

Alcohol Sales Without CUPs

SUPPLEMENTAL FORMS

Impervious Surface Area

3-None of the Above

Design Review minor - no public hearing

Record ID: ZP130024

[Menu](#)[Reports](#)[Help](#)**File Date:** 04/10/2013**Application Status:** TBD**Application Detail:** [Detail](#)**Application Type:** [Planning/Applications/Other/Pre-Application](#)**Address:** [2 BROADWAY](#)**Owner Name:** [CITY OF OAKLAND](#)**Owner Address:****Application Name:****Parcel No:** 018 041500500**Description of Work:** [preapp to determine if modification to exterior tent system constitutes a permanent improvement](#)

Contact Info:	Name	Organization Name	Contact Type	Rel
	FOOD SPECIALIST, INC.		Applicant	On

Job Value: \$0.00**Total Fee Assessed:** \$450.97**Total Fee Invoiced:** \$450.97**Balance:** \$0.00

Workflow Status:	Task	Assigned To	Status	Status D
	Application Intake			
	Assignment			
	Pre-Application Review			

Condition Status:	Name	Short Comments	Status	Ap
	PARCEL COMMENT	consistent with Mast...	Complied	01/

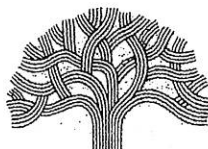
Custom Fields: [PLN_ZP](#)

FEE CALCULATION INFORMATION

Major Pre-Application

PROPERTY INFORMATION

Zoning	General Plan Designation	Specific Plan Are
C-45	-	-
Historic Designated District	OCHS Rating	Heritage Property
-	-	-
Historic Status	Historic Area - Primary	Historic Area - S
-	-	-
Local Register	Landmark	
-	-	



CITY OF OAKLAND DEPARTMENT OF PLANING & BUILDING

Worksheet for Accessibility Upgrade Requirements for Existing Non-Residential Buildings

Job Address: _____

Permit #: _____ Occupancy Group: _____

Project Name: _____

Permit Valuation: _____

Owner: _____

Applicant: _____

1. Total Cost of Construction: \$ _____

a. Ground floor: \$ _____

b. Basement: \$ _____

c. Other floors (): \$ _____

The Total Cost of Construction is the permit valuation minus the cost of access features, demolition, unattached fixtures and cases, and cosmetic and finish work that normally would not require a building permit.

2. Total cost of construction within the previous three years (see attached Declaration of Past Alterations, Remodels or Additions form): \$ _____

3. Total Cost (add costs in 1 and 2 above): \$ _____

4. Current Valuation Threshold: \$ **147,863.00** (January 2015)

5. When the Total Cost (Item 3 above) exceeds the Current Valuation Threshold (Item 4 above) and the alteration occurs on the accessible floor (ground floor or any floor that is accessible by a complying elevator), go to Item 8 below.

6. When the Total Cost exceeds the Current Valuation Threshold (Item 4 above) and the alteration occurs on the floor above or below the ground floor of a non-elevator building, skip to Item 9 below. (A Determination of Unreasonable Hardship must be approved by the Chief Building Official)

7. When the Total Cost (Item 3 above) does not exceed the Current Valuation Threshold (Item 4 above) for the ground floor and / or non-accessible floor alterations go to Item 9 below.

8. ☐ I understand that the existing primary entrance, path-of-travel and at least one set of complying restrooms, public phones, and drinking fountains (if any) must be brought up to full compliance. (If the cost of providing restrooms drinking fountains and telephones, and the primary path of travel exceeds 20% of the cost of the actual project without these features, the owner may apply for a Determination of Unreasonable Hardship. If approved the 20% becomes the minimum obligation. The CBO will determine how much over the 20% constitutes a hardship upon reviewing the particular circumstances involved).

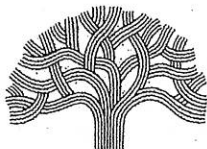
9. ☐ I understand that only 20 percent of the Total Cost of Construction (Item 3 above) must be spent on upgrading the primary entrance, path-of-travel, restrooms, public phones (if any), and drinking fountains (if any); and, when possible, parking, storage, and alarms. (Go to the Cost Table.)

10. ☐ This building and site are fully accessible. If inspection by the Building Division reveals non-compliance with current accessibility requirements I will revise this worksheet and the plans and modify the scope of work so that the building and site are in full compliance.

Total Cost (Item 3 above): \$ _____ x .20 _____ = **Obligation:** \$ _____

I agree to comply. Signature: _____ Date: _____

Approval: Signature: _____ Date: _____



CITY OF OAKLAND DEPARTMENT OF PLANING & BUILDING

Access Compliance for Existing Buildings
Declaration of Past Alterations, Remodels, or Additions

Date of Application: _____

Address: _____

Permit No. _____

Cost of Alteration: \$ _____

This form is to be used when:

A. The cost of alteration, remodel, or addition without the cost of access features does not exceed the current valuation threshold.

B. Alteration, remodel, or addition is made to the areas above or below the ground floor of a previously exempted non-elevator building of the following types:

1. Office buildings and passenger vehicle service stations of three stories or more and 3,000 or more square feet per floor.
2. Offices of physicians and surgeons.
3. Shopping centers.
4. Other buildings and facilities three stories or more and more than 3,000 square feet per floor if a reasonable portion of services sought and used by the public is available on the accessible level.

I, _____, owner or lessee of the project space at the above-mentioned address, ☐ have / ☐ have not performed alteration(s), remodel(s), or addition(s) to the above space within the past three years of the date of this permit application.

If "have" is checked, state below the date(s) and the cost(s) of the previous alteration(s):

Date: _____

Cost: \$ _____
\$ _____

Signature of owner or lessee

Date

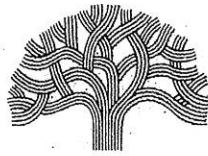
Mailing Address

Telephone

COST TABLE

Fill in COSTS column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continue until the total equals or exceeds the amount from line 9 above. If an item causes the total amount to exceed the amount from line 9 of the worksheet, you may eliminate that item. If you eliminate an item, consider other items in its place. Your final total should be approximately equal to or greater than the amount from line 9 above. The cost table shall be reviewed and approved by Building Division staff.

Plan Sheet Page	PRIMARY ENTRANCE TO REMODELED AREA	COSTS
	DOOR	
	Change of Door	
	Threshold	
	Hardware	
	Kick plate	
	Strike-side clearance	
	Other:	
	SIGNS AND IDENTIFICATION	
	Sign at building entrance	
	Sign in building lobby	
	Other:	
	<i>SUBTOTAL=</i>	
	PATH OF TRAVEL TO REMODELED AREA	
	CHANGE OF ELEVATION(s)	
	Ramps	
	Lifts	
	Elevators	
	Other:	
	DOORS	
	Change of front door	
	Threshold	
	Hardware	
	Kick plate	
	Strike-side clearance	
	Signs and identification (braille)	
	Other:	
	<i>SUBTOTAL=</i>	



CITY OF OAKLAND DEPARTMENT OF PLANING & BUILDING

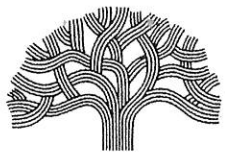
Determination of Unreasonable Hardship

An unreasonable hardship exists when the enforcing agency finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:

1. The cost of providing access.
2. The cost of construction contemplated.
3. The impact of proposed improvements on financial feasibility of the project.
4. The nature of the accessibility that would be gained or lost.
5. The nature of the use of the facility under construction and its availability to persons with disabilities. The details of any finding of unreasonable hardship shall be recorded and entered into the files of the enforcing agency.

Technically Infeasible

Technically infeasible means, with respect to an alteration of a building or a facility, that it has little likelihood of being accomplished because existing structural conditions would require removing or altering a load-bearing member which is an essential part of the structural frame; or because other existing physical or site constraints prohibit modification or addition of elements, spaces, or features which are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.



- CITY OF OAKLAND

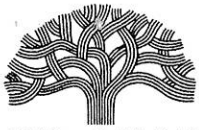
PERMIT APPLICATION WORKSHEET

Planning and Building Department
250 Frank H. Ogawa Plaza
2nd Floor, Suite 2114
Oakland, CA 94612
Tel (510) 238-3443
Fax (510) 238-2263
Hours:
8 am-4pm M,Tu,Th,F
9:30 am-4 pm Wed

PLEASE COMPLETE ALL INFORMATION. APPLICANTS WITH INCOMPLETE WORKSHEETS MAY BE ASKED TO GET A NEW NUMBER. INACCURATE INFORMATION MAY LEAD TO SUSPENSION OF THE PERMIT. ADDITIONAL PERMITS MAY BE REQUIRED, i.e., Electrical, Plumbing, Mechanical, Sewer, Obstruction.

TYPE OF PERMIT: (circle one)		SCHOOL FEE (SF)		ADDRESS FEE
BUILDING		Commercial \$0.51		\$154.91
SIGN		Residential \$3.20		\$56.23
		Change of Address for Any Occupancy		\$403.92
TYPE OF WORK (circle one)				
(1) NEW CONSTRUCTION (2) REPAIR (3) ADDITION (4) CELL SITE (5) ALTERATION/T.I.				
(6) DEMOLITION (_____ SF) (7) SOLAR PANELS (SE) (8) RETROFIT (9) C.O./S.A. (10) CHANGE IN USE				
IS THIS APPLICATION RELATED TO ANY OTHER PERMIT? TO ANY OTHER COMPLAINT?		IF YES, INDICATE PERMIT #, PLANNING CASE FILE # OR COMPLAINT #:		
<input type="radio"/> YES <input type="radio"/> NO				
SITE ADDRESS/JOB LOCATION		ASSESSOR'S PARCEL NO.		
DESCRIPTION OF PROPOSED WORK				
WORK IS VISIBLE FROM FREEWAY/BART <input type="radio"/> NO <input type="radio"/> YES				
EXTERIOR WORK ON BUILDING <input type="radio"/> NO <input type="radio"/> YES (PHOTOS REQUIRED. PLEASE ATTACH)				
VALUATION OF PROPOSED WORK \$	EXISTING # OF RESIDENTIAL UNITS	# OF STORIES:	<input type="radio"/> SFD/DUPLEX	
	PROPOSED # OF UNITS	FIRE SPRINKLER <input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> APARTMENTS <input type="radio"/> COMMERCIAL <input type="radio"/> INDUSTRIAL	
PROPERTY OWNER'S NAME		PROPERTY OWNER'S PHONE NUMBER		
PROPERTY OWNER'S ADDRESS (street, city and zip code)				
PERSON SUBMITTING PLANS / CONTACT PERSON		PHONE NUMBER	EMAIL	
ARCHITECT'S/DESIGNER'S NAME		PHONE NUMBER	EMAIL	
CONTRACTOR'S LICENSE NUMBER		SIGNATURE OF APPLICANT		DATE

I ACKNOWLEDGE THAT REFUNDS ARE LIMITED PER Section 107.6 of O.B.C.. _____ INITIAL _____ DATE _____



CITY OF OAKLAND
Building Services
250 Frank H. Ogawa Plaza,
Suite 2114
Oakland, California 94612
(510) 238-3444 Inspections
(510) 238-2263 fax
Electrical, Plumbing, Mechanical Permit #'s:

Effective Dec 7, 2015	(510) 238-3444 Inspections	Permits expire unless major inspections are approved by the City every 6 months.
JOB ADDRESS:		Date of building permit application determines applicable standards.
CONTR. LIC. NO.:		Optional Plan Check is only available with additional processing and overtime fees I'm requesting the optional plancheck
BUILDING PERMIT #:		Documentation needed for inspection:
USE OF BUILDING:		<input type="checkbox"/> PGE application number
		<input type="checkbox"/> Title 24 Energy Calc for Electric Heater
		<input type="checkbox"/> Title 24 Energy Calc for Lighting
		<input type="checkbox"/> AIC letter, Load calcs & 1 line diagrams

DESCRIPTION OF PROPOSED WORK:

Qty.	PLUMBING	Cost/U	Insp Fee	Qty.	MECHANICAL	Cost/U	Insp Fee	Qty.	ELECTRICAL	Cost/U	Insp Fee
	Apt.in-lieu next 7 ** (hr)	99.00			A/C UNITS (<100 kbtu's)	101.00			SERVICE () AMPS	151.00	
	TOILETS	50.00			A/C UNITS (>100 kbtu's)	168.00			>100 AMP/100 INCR	50.00	
	URINALS	50.00			EVAP COOLER	43.00			>600 VOLTS/200 KVA	67.00	
	LAVATORY/ BASIN	50.00			CONDEN / COMPRESS	28.00			METER (EXTRA)	50.00	
	SHOWERS	50.00			(ZONE) COIL / RADIANT	28.00			CIRCUIT / FEEDER	5.40	
	TUBS	50.00			CONDENSATE DRAIN	18.75			Apt.in-lieu next 7 ** (hr)	99.00	
	SINKS	50.00			(ZONE) Low Pressure Duct	34.00			Incandes./LED Fixtures	3.00	
	DISHWASHER Resid	18.75			F.A.U. (forced air unit)	218.00			(Fluor balast) FIXTURES	3.00	
	GARBAGE DISP Resid	18.75			WALL FURNACE	218.00			FIXT. (HighPresSod. HID)	3.00	
	LAUNDRY TRAY	50.00			FLOOR FURNACE	43.00			SWITCHES	3.00	
	CLOTHES WASHER	50.00			DUAL UNIT Heat / Cool	79.00			RECEPTACLES	3.00	
	DRINKING FOUNTAIN	50.00			GAS APPLIANCE Misc	18.75			RANGE/ TOP or OVEN *	50.00	
	FLOOR SINKS	50.00			GAS LIGHT/ LOG	18.75			DRYER *	50.00	
	FLOOR DRAIN	50.00			INCINERATOR / KILN	87.00			FAN (Exhaust; Kitch/Bath)	34.00	
	INDIRECT WASTE	50.00			BOILERS (TO 30 HP)	87.00			DISPOSAL *	34.00	
	WASTE/VENT ALT Res	28.00			BOILERS (> 30 HP)	140.00			DISHWASHER *	34.00	
	RAIN WATER LEADER	28.00			FIREPLACE / BURNER	87.00			AIR COND. (1st 5 hp) *	101.00	
	BACK WATER VALVE	28.00			HEAT EXCH/ PUMP	43.00			AIR COND (ea. add'l hp)	34.00	
	EJECTOR/SUMP	87.00			Gas Torch Bunsen Burner	18.75			HEATERS (AIR) KW *	3.00	
	WATER SERVICE	28.00							(WATER) KW (\$403 max)	3.00	
	WATER ALTERATION	28.00							FURNACE *	50.00	
	WATER HEATERS	28.00			ENVIR AIR DUCT Resid	18.75			SWIMMING POOL *	140.00	
	BACK FLOW DEVICE	28.00			FLUES	18.75			OUTDOOR SPA Hot Tub *	87.00	
	GAS TEST / PIPE Low	53.00			FAN BLWER to 10k cfm	34.00			INDOOR SPA HIDR. *	62.00	
	ROMAN TUBS & BAPT	87.00			FAN BLWER >10K cfm	69.00			FOUNTAIN	53.00	
	GAS DRYERS Resid	18.75			VAR. AIR VOL. DAMPER	18.75			MFG. BLDG 1ST SECT.	131.00	
	GAS RANGES Resid	18.75			FIRE / SMOKE DAMP	18.75			MFG. BLDG. + SECT.	43.00	
	FLUES (water heater only)	18.75			MFG. BLDG 1ST SECT.	131.00					
	SWIM. POOL / SPA	504.00			MFG. BLDG. + SECT.	43.00			SERVICE (TEMP.)	79.00	
									MOVED BLDG. (per hour)	62.00	
	MFG. BLDG 1ST SECT.	131.00							LOW VOLTAGE SYSTEM	168.00	
	MFG. BLDG. + SECT.	43.00			RADIATOR	28.00			SURVEY (per hour)	202.00	
	GREY WATER	84.00			GAS TEST / PIPE Low	53.00			METER RESET: SFD	67.00	
	CATCH BASIN	88.00			DRYER VENT Resid	18.75			: APT (Ea)	67.00	
	DRAIN TO STREET	43.00			RANGE VENT Resid	18.75			: COMM (per hour)	202.00	
	On-Site Storm Drain Piping	173.00							COMMERCIAL ONLY		
	COMMERCIAL ONLY				COMMERCIAL ONLY				Motion Picture Machine	18.75	
	GAS TEST / PIPE Med	87.00			GAS TEST/ PIPE Med	87.00			CASE BEV / FR / VEG	18.75	
	GARBAGE DISP Com	28.00			ENVIR AIR DUCT Com	43.00			GASOLINE DISP.	18.75	
	DISHWASHER Com	28.00			DRYER VENT Com	28.00			SIGN (NEW)	84.00	
	GREASE TRAP	87.00			RANGE VENT Com	28.00			SIGN (EXISTING)	50.00	
	GREASE INTERCEPTOR	174.00			COMMERCIAL HOOD ***	173.00			OUTLINE NEON KVA	50.00	
	WASTE/VENT ALT Com	28.00			MISC. INDUST. EQUIP.	140.00			MISC. APPARATUS kw	34.00	
	GAS DRYERS Com	28.00							MOTORS HP (\$403 max)	3.60	
	GAS RANGES Com	28.00							X-RAY / DENTAL UNIT	18.75	
INSPECTION SUBTOTAL (\$110.00 min)				INSPECTION SUBTOTAL (\$110.00 min)				INSPECTION SUBTOTAL (\$110.00 min)			
	APPLICATION FEE		70.00		APPLICATION FEE		70.00		APPLICATION FEE		70.00
	TOTAL				TOTAL				TOTAL		
	Records Mgmt	9.50%			Records Mgmt	9.50%			Records Mgmt	9.50%	
	Tech Enhancement	5.25%			Tech Enhancement	5.25%			Tech Enhancement	5.25%	
GRAND TOTAL:				GRAND TOTAL:				GRAND TOTAL:			

You must contact PG&E for all electric panel upgrades prior to City Inspections. Call PG&E at 1-877-743-7782 or www.pge.com

*Requires dedicated circuit. ** Apartment in-lieu is only for each unit within new apartment buildings larger than 4 units. ***Need Hood Cut Sheet for inspection approval before install